



THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Mark J. Daly, Thomas J. Hudson, Eric S. Lander, John Rioux and Kathy Siminovitch

Application No: 09/735,271

Group: 1634

Filed: December 11, 2000

Examiner: Souaya, J.

For: IBD-RELATED POLYMORPHISMS

TECH CENTER 1600/2900

JUN 17 2002

RECEIVED

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202	
on <u>6-6-02</u>	<u>Linda M. Amato</u>
Date	Signature
Linda M. Amato	
Typed or printed name of person signing certificate	

PETITION FOR EXTENSION OF TIME

Assistant Commissioner for Patents
P.O. Box 2327
Arlington, VA 22202

Sir:

Applicants hereby petition the Assistant Commissioner for Patents to extend the time for filing a Response to Restriction Requirement dated March 6, 2002 for 2 months, from April 6, 2002 to June 6, 2002.

	<u>Small Entity</u>	<u>Other than Small Entity</u>
1 month -	_____ \$ 55	_____ \$ 110
2 months -	_____ \$ 200	<u>X</u> _____ \$ 400
3 months -	_____ \$ 460	_____ \$ 920
4 months -	_____ \$ 720	_____ \$1,440
5 months -	_____ \$ 980	_____ \$1,960

- [X] A check is enclosed in the amount of the extension fee indicated above, or the extension fee has been included in the check with the accompanying Reply.
- [] Please charge Deposit Account No. 08-0380 in the amount of \$[] to cover the cost of the extension fee.

Any deficiency or overpayment should be charged or credited to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

06/12/2002 EAREGAY1 00000134 09735271

01 FC:116

400.00 OP

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Lisa M. Treannie

Lisa M. Treannie

Registration No. 41,368

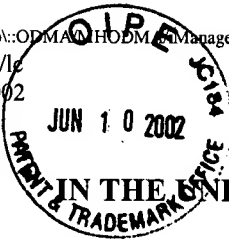
Telephone (978) 341-0036

Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated:

6/6/02



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Mark J. Daly, Thomas J. Hudson, Eric S. Lander, John Rioux and Kathy Siminovitch

Application No: 09/735,271

Group: 1634

Filed: December 11, 2000

Examiner: Souaya, J.

For: IBD-RELATED POLYMORPHISMS

TECH CENTER 1600/2900

JUN 17 2002

RECEIVED

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202	
on <u>6-6-02</u>	<u>Linda M. Amato</u>
Date	Signature
Linda M. Amato	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
P.O. Box 2327
Arlington, VA 22202

Sir:

Transmitted herewith is a Reply to Restriction Requirement and Preliminary Amendment for filing in the above-identified application.

[] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	6	MINUS	* 20	0
INDEP	2	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20
** not fewer than 3

SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$ 9	\$
X	\$42	\$
+	\$140	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$18	\$
X	\$84	\$
+	\$280	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for 2 month Extension of Time	\$	<u>400</u>
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>400</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Lisa M. Treannie
Lisa M. Treannie
Registration No.: 41,368
Telephone (978) 341-0036
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated:

6/6/02